

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3200 Norledge**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **39 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 148**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3200 Norledge**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John H. Kerr**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna E. Kerr** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased: **April 15 1868**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **4** If less than one day hr. min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**  
11. Industry or business **Manufacturer**

MOTHER FATHER { 12. Name **Alexander Kerr**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary E. Joy**  
15. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna E. Kerr**  
(b) Address **3200 Norledge**

17. (a) **Burial** (b) Date thereof **12-20-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Freeman Mortuary**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Kansas City, Mo.**

19. (a) **12-19-41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19** year **6** hour **30** minute **2** M.

21. I hereby certify that I attended the deceased from **10-9-41** to **12-19-41** 19\_\_\_\_

that I last saw him alive on **12-18-41** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Cerebral Hemorrhage**

Due to **Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **AB** \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature **A. L. Luyam** (M. D. or other) \_\_\_\_\_

Address **3200 Norledge** Date **12-19-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48  
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